

Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: Quarter 2 1/1/2015-3/31/2015 Grantee Name: Health Resources LifeCare Center

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	2	7	5	4	1	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
13	2	1	3	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
8	11	0

4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
14	2	0	2	0	0	1

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
0	18	1

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

- 1.** Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20th covers the period January 1 – March 31st; report due July 31st covers the period April 1 – June 30th, etc.).
- 2.** Enter your organization name.
- 3.** Numbers 1 – 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 – 5 that were collected during the stated reporting period.
- 4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter.
- 5.** Reuse the form each quarter.